

---STATE USE ONLY---

Date Received

Date Approved

**CONTINUATION GRANT PLAN FOR 2004-2005  
 GREAT PARENTS, GREAT START GRANTS  
PART A. GRANTEE**

<b>GRANTEE</b> (Intermediate School District)	Name of Intermediate School District	Federal ID Number	Telephone (Area Code)
	Address	City	Zip Code
		County	Fax

<b>PRIMARY CONTACT PERSON</b>	Name of Contact Person		Telephone (Area Code)
	Address	City	Zip Code
	E-Mail Address		Fax

<b>SECONDARY CONTACT PERSON</b>	Name of Contact Person		Telephone (Area Code)
	Address	City	Zip Code
	E-Mail Address		Fax

**ADDITIONAL CONSORTIUM PARTNERS (If Applicable)**

(Intermediate School Districts Only)		

**GRANT FUNDS REQUESTED: \$** \_\_\_\_\_ *(Not to exceed 3.5% of the District's 2002-2003 Section 81 payment)*

**● PLEASE PROVIDE THE INFORMATION REQUESTED USING THIS FORM ONLY.**

**ASSURANCES AND CERTIFICATIONS:** By signing this assurances and certification statement, the grantee certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on page 1a, and will comply with all state and federal regulations and requirements pertaining to this program. The grantee certifies further that the information submitted on this plan is true and correct.

SIGNATURE OF SUPERINTENDENT \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME: \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

**MAILING INSTRUCTIONS:** The ORIGINAL and ONE (1) copy of this plan must be RECEIVED at the STATE address indicated above by OCTOBER 1, 2004.

## **PART A (Continued): ASSURANCES AND CERTIFICATIONS**

### **--STATE PROGRAMS--**

**INSTRUCTIONS: Please attach ALL assurances to the plan.**

#### **ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT**

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: "These materials were developed under a grant awarded by the Michigan Department of Education."

#### **CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY AND STATE ASSISTED PROGRAMS**

The grantee hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

#### **CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES (for Title II applicants only)**

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

#### **CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES (for Title III applicants only)**

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title III of the ADA for the program or service for which they receive a grant.

#### **IN ADDITION:**

This project/program will not supplant nor duplicate an existing early childhood or family development program.

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### **SPECIFIC PROGRAM ASSURANCES**

**The following provisions are understood by the recipients of the grants should it be awarded:**

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with budget. Line item changes and other deviations from the budget as attached to this grant agreement must have prior approval from the Office of Early Childhood Education and Family Services Administrator of the Michigan Department of Education.
3. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
4. Payments made under the provision of this grant are subject to audit by the grantor.

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**SIGNATURE OF ISD SUPERINTENDENT**

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**DATE**

# **PART A (Continued):** **CERTIFICATION FOR PARTICIPATION IN CONSORTIUM AGREEMENT**

(For Consortium Activities Only)

**INSTRUCTIONS:**

Cooperative projects may be submitted by two or more eligible intermediate school districts (ISDs). Each participating ISD should take the following action:

-----Provide the name of each Superintendent and Board of Education President and signature on the consortium agreement form.

-----Either accept administrative responsibility for the project or designate another ISD as the administrative and fiscal agent.

Each of the undersigned certifies that, to the best of his or her knowledge, the information contained in this application is correct and complete; that the local ISD which he or she represents has authorized him or her to file this application as a consortium member. Such authorization action is to be recorded in the minutes of an ISD Board of Education meeting held prior to November 15, 2004. The administrative and fiscal agency named below has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds to conduct this project.

## **CERTIFICATION OF ISD DESIGNATED ADMINISTRATIVE AND FISCAL AGENT FOR THIS PROJECT**

Name of ISD		Name of Superintendent	
Mailing Address (Street)		Signature	Date Signed
City	Zip Code	Name of ISD Board President	
Name and Title of Contact Person		Signature	Date Signed
Telephone (Area Code/Local Number)		E-MAIL ADDRESS of Contact Person	

## **CERTIFICATION OF PARTICIPATING ISD**

Name of ISD		Name of Superintendent	
Mailing Address (Street)		Signature	Date Signed
City	Zip Code	Name of ISD Board President	
Name and Title of Contact Person		Signature	Date Signed
Telephone (Area Code/Local Number)		E-MAIL ADDRESS of Contact Person	

## **CERTIFICATION OF PARTICIPATING ISD**

Name of ISD		Name of Superintendent	
Mailing Address (Street)		Signature	Date Signed
City	Zip Code	Name of ISD Board President	
Name and Title of Contact Person		Signature	Date Signed
Telephone (Area Code/Local Number)		E-MAIL ADDRESS of Contact Person	

## **PART B. YEAR 2004-2005 PROJECT PLAN**

**APPLICANT:** \_\_\_\_\_

See instructions for elements of the narrative plan. Use this page and no more than one additional page, for a total of two pages to address all required narrative information including:

- A statement of assurance to collaborate with community entities.
- A description of the 2004-2005 project plan which addresses how all required service components will be provided families in a universal and/or target population.
- Assurance to collect and report data as required to the department.
- Description of how all program staff working with parents are educators trained in the development of children birth to five years.

# PART C. BUDGET SUMMARY FOR GREAT PARENTS, GREAT START FY 2004-2005 FUNDS

IM-02-66  
(Page 3)

**INSTRUCTIONS:** The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022). The budget should show how FY 2004-2005 funds will be spent from October 1, 2004 through either September 30, 2005 or a given carryover period. NOTE: Function codes in the 100 series are not to be used for GP/GS activities.

## 1. BUDGET SUMMARY

### LEGAL NAME OF INTERMEDIATE SCHOOL DISTRICT

ISD CODE (5 Characters)			PROJECT TYPE <input type="checkbox"/> Regular <input type="checkbox"/> Carry-over	ENDING DATE (mm/dd/yy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FY of Approved Activity <b>2005</b>
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FUNCTION CODE	FUNCTION TITLE	SALARIES (1000)	BENEFITS (2000)	PURCHASED SERVICES (3000, 4000)	SUPPLIES & MATERIALS (5000)	CAPITAL OUTLAY (6000)	OTHER EXPENDITURES (7000, 8000)	TOTAL
110	Instruction --- Basic Needs							
120	Instruction --- Added Needs							
130	Instruction --- Adult/Continuing Education							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
400	Outgoing Transfers & Other Transactions							
	TOTAL AMOUNT TO BE EXPENDED							
	-----TOTAL EXPENDITURES							A)

<b>2. BUDGET DETAIL---Must be provided</b> Explain each line item, including cash and in-kind match that appears on the Budget Summary, using the indicated function code and title, on a plain sheet.	<b>TOTAL AMOUNT REQUESTED UNDER SECTION 32j</b>  \$ _____	<b>FUNDING:</b>  Department of Education Share of Expenditures  Local Share of Expenditures (Block A Minus Block B)	B)  C)
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DATE	BUSINESS OFFICE REPRESENTATIVE (Type or Print)	SIGNATURE
DATE	PROJECT CONTACT PERSON (Type or Print)	SIGNATURE
DATE	<b>JACQUELINE A. WOOD</b> M.D.E. CONTACT PERSON (Type or Print)	SIGNATURE

## **PART D. BUDGET--Continued**

### **2. BUDGET DETAIL (Provide Attachment(s) as needed.)**

Explain each line item that appears on the Budget Summary (page 3), using the indicated function code and title.

**PART E. SUPPORT OF COMMUNITY COLLABORATIVE**  
**(FORMERLY MULTIPURPOSE COLLABORATIVE BODY (MPCB))**  
**Due November 15, 2004 to MDE**

Our Community Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program.  
We have reviewed the GP/GS continuation plan for 2004-2005 and hereby support the program:

\_\_\_\_\_  
SIGNATURE OF CHAIR

\_\_\_\_\_  
NAME OF COMMUNITY COLLABORATIVE

DATE \_\_\_\_\_ COUNTY(IES) SERVED \_\_\_\_\_

**ADDITIONAL COMMUNITY COLLABORATIVE STATEMENTS OF SUPPORT**  
**FOR APPLICATIONS SERVING A MULTI-COUNTY REGION**

Our Community Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program.  
We have reviewed the GP/GS continuation plan for 2004-2005 and hereby support the program:

\_\_\_\_\_  
SIGNATURE OF CHAIR

\_\_\_\_\_  
NAME OF COMMUNITY COLLABORATIVE

DATE \_\_\_\_\_ COUNTY(IES) SERVED \_\_\_\_\_

Our Community Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program.  
We have reviewed the GP/GS continuation plan for 2004-2005 and hereby support the program:

\_\_\_\_\_  
SIGNATURE OF CHAIR

\_\_\_\_\_  
NAME OF COMMUNITY COLLABORATIVE

DATE \_\_\_\_\_ COUNTY(IES) SERVED \_\_\_\_\_

Our Community Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program.  
We have reviewed the GP/GS continuation plan for 2004-2005 and hereby support the program:

\_\_\_\_\_  
SIGNATURE OF CHAIR

\_\_\_\_\_  
NAME OF COMMUNITY COLLABORATIVE

DATE \_\_\_\_\_ COUNTY(IES) SERVED \_\_\_\_\_

**PART F. ASSURANCE OF COMMITMENT TO COLLABORATE**  
**Due November 15, 2004 to MDE**

NAME OF APPLICANT (INTERMEDIATE SCHOOL DISTRICT): \_\_\_\_\_

It is my understanding that the above named applicant plans to submit a 2004-2005 Great Parents, Great Start Grant (GP/GS) continuation application available through the Michigan Department of Education. There is a continuing need for such a program in this area, and a representative of my agency/organization/program will collaborate with the above named ISD in joint planning, decision making, implementation and leadership of the Great Parents, Great Start Program.

\_\_\_\_\_  
SIGNATURE OF EXECUTIVE DIRECTOR, SUPERINTENDENT OR AUTHORIZED OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND TITLE (Of Person Signing Above)---PRINT or TYPE

\_\_\_\_\_  
NAME OF AGENCY

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER (Including Area Code)

STATEMENT OF THE ABOVE AGENCY/ORGANIZATION/PROGRAM'S COLLABORATIVE RELATIONSHIP TO THE PROJECT:

A. Our organization has been involved in the past year's Great Parents/Great Start collaboration effort in the following manner (check all that apply):

- ☐ Participated in the initial planning for the FY 2003-2004 grant.  
☐ Provided an "Assurance to Collaborate" letter of support in 2003.  
☐ Provided the following GP/GS program services: \_\_\_\_\_  
\_\_\_\_\_

- ☐ Participated on an ongoing GP/GS collaborative body during the grant's implementation.  
☐ Participated in the grant decision-making process during the past year's implementation phase.  
☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Our organization will collaborate during the upcoming 2004-2005 year with the above named ISD on the GP/GS continuation grant in the following ways (check all that apply):

- ☐ Review and support of the 2004-2005 written GP/GS continuation plan.  
☐ Providing GP/GS program services to families: \_\_\_\_\_  
\_\_\_\_\_

- ☐ Serving on a collaborative project oversight body.  
☐ GP/GS program outreach to the community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Referrals of families to the GP/GS program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_